

CHECKLIST FOR AMENDED ORDER OF CONDITIONS (AOOC) REQUEST

Please make sure each of the following is included with your AOOC request

☐

7 copies of new/revised plan to Conservation Department.

☐

1 Letter requesting revisions, preferably on Contractor's letterhead.

☐

Contact information written on AOOC letter request: Mailing address, phone, email, cell phone.

☐

DEP SE Number, owner's information and project address also included in letter.

☐

FORM 2 Building Department/Zoning Board of Appeals sign off.

☐

Project Narratives attached describing overall project, adherence to all applicable performance standards (state and local), revisions, reasonable alternatives and construction methodologies.

☐

A photocopy of the abutters list as certified by the Mashpee Assessing Department, after completing and submitting (to the Assessing Department) **FORM 5** of the **SUPPLEMENTAL PACKET OF FORMS TO BE FILLED OUT/SUBMITTED**. (Please note: See the Introduction for the Town of Mashpee Conservation Commission Notice of Intent Application Package for more on required certified mail abutters' notice.

☐

Check payable to Town of Mashpee: \$100.00. **\$200 for After-the-Fact filing.**

Any AOOC applications that are missing these basic submittal requirements shall not be placed on the Conservation Commission hearing Agenda for which they are intended until the requirements are met.

I, _____, verify that this AOOC application has been
(Applicant/Representative signature)

filled out completely with all AOOC submittal requirements on _____.
(Application submittal date)

Please note that an Amended Order of Conditions does not extend the issuance date of the original Final Order of Conditions and the Order will expire on the original OOC issuance date.

FORM 2
STATUS OF ZONING BOARD OF APPEALS JURISDICTION

Please submit this form to the Building Department for signature

I, _____, as Applicant for this project, do hereby state that I have
Print name

conferred with a Building Official on _____ and it has been determined
Date

that the project located at _____
Property address

Circle one: **does** **does not** fall under the jurisdiction of the Zoning Board of Appeals.

Brief description of project: _____

Plan Title

Plan Date

Signature of Applicant

Date

Signature of Building Official

Date



TOWN OF MASHPEE BOARD OF ASSESSORS

16 Great Neck Rd North, Mashpee, MA 02649
Phone # (508) 539-1404
Fax # (508) 539-1142
e-mail: assessing@mashpeema.gov

Received by BOA:

Updated 3/7/2013

REQUEST FOR ABUTTERS LIST

Please note that the Assessing Dept. will respond to this request within ten (10) business days.

ABUTTERS TO: MAP _____ PARCEL _____ EXT _____

ADDRESS OF SUBJECT PARCEL: _____

PLEASE CHECK THE TYPE OF ABUTTERS LIST THAT YOU ARE REQUESTING:

(Refer to requirements of the regulating authority requiring abutters list.)

_____ DIRECT ABUTTERS Check box if this abutters list is for the Cape Cod Commission: ☐

_____ ALL PARCELS **WITHIN A 100 FOOT RADIUS** OF SUBJECT (usual for Conservation Commission & Historical Commission)

_____ ALL PARCELS **WITHIN A 300 FOOT RADIUS** OF SUBJECT

_____ ABUTTERS **TO THE ABUTTERS** WITHIN A 300 FOOT RADIUS OF SUBJECT

_____ OTHER (SPECIFY) _____

◀ ALL ABUTTERS LISTS ARE PRINTED WITH A MAP ON 8 ½ x 11 PAPER ▶

•Standard mailing labels of abutters are available for an extra charge of \$1.00 per page.(full or partial)

LABELS _____ (YES or NO) NUMBER OF SETS OF LABELS _____

REQUESTED BY:
(PLEASE PRINT)

NAME: _____

ADDRESS: _____

PHONE: _____

DATE: _____

SIGNATURE: _____

| | QUANTITY | |
|---|----------|--|
| FEES: BASIC ABUTTERS LIST (one subject parcel) | _____ | \$5.00 |
| MAILING LABELS | _____ | \$1.00 PER PAGE |
| COMPLEX ABUTTERS LIST (multiple subject parcels) | _____ | \$10.00 – \$50.00 (varies by processing time) |
| TOTAL AMOUNT DUE: \$ _____ | | |

Fee structure based on state guidelines for record production and copy costs.